

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

JLS

MUSTAFA WALIYUDDIN

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Badge #106.

POLICE OFFICER MICHAEL RICCIARDO

UNIVERSITY OF PENNSYLVANIA

13 6861

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☐ Yes ☐ No
(check one)

RECEIVED
NOV 25 2013

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name MUSTAFA WALIYUDDIN

ID # 13-3889

Current Institution M. C. C. P.

Address 60 EAGLEVILLE RD.
EAGLEVILLE PA 19803

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary. Badge#

Defendant No. 1

Name MICHAEL RICCIARDO 106. Shield # 106.
 Where Currently Employed UNIVERSITY OF PENNSYLVANIA
 Address PHILADELPHIA, PA 19139

Defendant No. 2

Name UNIVERSITY OF PENNSYLVANIA Shield # _____
 Where Currently Employed _____
 Address PHILADELPHIA, PA 19139

Defendant No. 3

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? 0

B. Where in the institution did the events giving rise to your claim(s) occur? 0

C. What date and approximate time did the events giving rise to your claim(s) occur? 0

Yes No /

Yes ___ No / Do Not Know ___

Yes _____ No Do Not Know _____

Yes _____ No

Yes _____ No ☒

A hand-drawn circle is positioned on the right side of the page, between the top and bottom lines of the handwriting practice lines. The circle is drawn with a single, continuous, slightly irregular stroke.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

DID NOT HAPPEN IN JAIL

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

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G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

O

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). _____

SEE ATTACH PAGES

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ____ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court?

Yes _____ No ✓

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes D No O

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 13 day of NOVEMBER, 2013

Signature of Plaintiff

Inmate Number

Institution Address

Muntah Waliyuddin
13-3889
60 Eagleville Rd.
Eagleville, Pa. 19403

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 13 day of NOVEMBER, 20 13, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: Mustafa W. Khyziddin

PRELIMINARY STATEMENT

PLAINTIFF MUSTAFA WAHIYUDDIN WHO IS A LIFE-LONG CITIZEN OF THE STATE OF PENNSYLVANIA.

PLAINTIFF ALLEGES THAT ON 2/9/13 HE WAS BEATEN BY THE UNIVERSITY OF PENNSYLVANIA POLICE BECAUSE HE FIT THE DESCRIPTION OF A BLACK MALE WHO PREVIOUSLY STOLE A BIKE. PLAINTIFF WAS NEVER CHARGED FOR STEALING A BIKE, WHICH MAKES THIS BEATING WHOLLY UNCONSTITUTIONAL AND A VIOLATION OF HIS CIVIL RIGHTS UNDER THE U.S. CONSTITUTION. MOREOVER, PLAINTIFF WAS ARRESTED ON CHARGES THAT WERE FABRICATED TO JUSTIFY PLAINTIFF BEING BEAT TO THE POINT THAT HE HAD TO BE TAKEN TO THE HOSPITAL. FURTHERMORE, ~~THE~~ POLICE ADMITTED IN COURT UNDER OATH THAT THEY BEAT PLAINTIFF BECAUSE THEY PROFILE PLAINTIFF. SUBSEQUENTLY, CHARGES OF AGGRAVATED ASSAULT, SIMPLE ASSAULT, RESISTING ARREST, AND RECKLESS ENDANGERMENT WERE DROPPED.

PLAINTIFF ASKS THIS COURT WITH ITS JUDICIAL POWER TO LOOK INTO THIS MATTER.

STATEMENT OF FACTS

1. PLAINTIFF MUSTAFA WALIYUDDIN ASSERTS THAT ON THE DATE OF 2/9/13 AT 3.30 AM HE WAS ARRESTED AT THE UNIVERSITY OF PENNSYLVANIA BY THE UNIVERSITY OF PENNSYLVANIA CAMPUS POLICE
2. PLAINTIFF ASSERTS THAT CHARGE WITH, AGGRAVATED ASSAULT, SIMPLE ASSAULT, RESISTING ARREST, RECKLESS ENDANGERMENT, CARRYING (POSSESSION OF INSTRUMENT OF A CRIME) (PAIR OF BOLT CUTTERS).
3. PLAINTIFF WAS BEATEN TO THE DEGREE, THAT HE HAD TO BE TAKEN TO PRESBYTERIAN HOSPITAL WHERE HE RECIEVE THREE STITCHS TO HIS HEAD.
4. PLAINTIFF ASSERTS ALL THE CHARGES AGAINST HIM WERE DROPPED, EXCEPT POSSESSION OF A INSTRUMENT.
5. PLAINTIFF STATE THAT THE UNIVERSITY OF PENN POLICE ADMITTED IN COURT THAT THEY STRUCK PLAINTIFF WITHOUT PROBABLE CAUSE, AND THAT THEY BEAT PLAINTIFF IN THE HEAD WITH A METAL STICK.

RELIEF SAUGHT

1. PLAINTIFF SEEKS ONE MILLION DOLLARS IN DAMAGES FOR PAIN AND SUFFERING, AND PROFITING.
2. PLAINTIFF PETITIONS THIS COURT TO SUBPOENA ALL HIS MEDICAL RECORDS AS WELL AS HIS COURT RECORDS, WHICH PERTAIN TO THIS SAID ACTION.
3. PLAINTIFF SEEKS MEDICAL ASSISTANCE FOR HIS RECURRING HEADACHES AND DIZZINESS.